

# PART B—ISSUE FEE TRANSMITTAL

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
<p>SCULLY, SCOTT, MURPHY &amp; PRESSER 400 GARDEN CITY PLAZA GARDEN CITY, NY 11530</p> <p>12M1/1026</p>		INVENTOR'S NAME	
		Street Address	
		City, State and ZIP Code	
		CO-INVENTOR'S NAME	
		Street Address	
		City, State and ZIP Code	
<input type="checkbox"/> Check if additional changes are on reverse side			

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/003,208	01/12/93	038	CRIARES, T	1205 10/26/95
First Named Applicant KOHN, HAROLD L.				

TITLE OF INVENTION AMINO ACID DERIVATIVE ANTICONVULSANT

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 5352ZYXI-IIW	514-231.200	042	UTILITY	YES	\$625.00	01/26/96

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	1 Scully, Scott, 2 Murphy & Presser 3

DO NOT USE THIS SPACE

CS14063 02/06/96 08003208 19-3886 140 242 625.00CH  
 CS14064 02/06/96 08003208 19-3886 140 561 60.00CH

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		6a. The following fees are enclosed: <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies	
(1) NAME OF ASSIGNEE: Research Corporation Technologies, Inc.		6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER 19-3886 (ENCLOSE PART C) <input type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies 20 <input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees	
(2) ADDRESS: (CITY & STATE OR COUNTRY) Tucson, Arizona		The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.	
A. <input type="checkbox"/> This application is NOT assigned. <input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.		(Authorized Signature) Mark J. Cohen	
PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.		(Date) 1/26/96	

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.  
 Reg. No. 32,211

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE